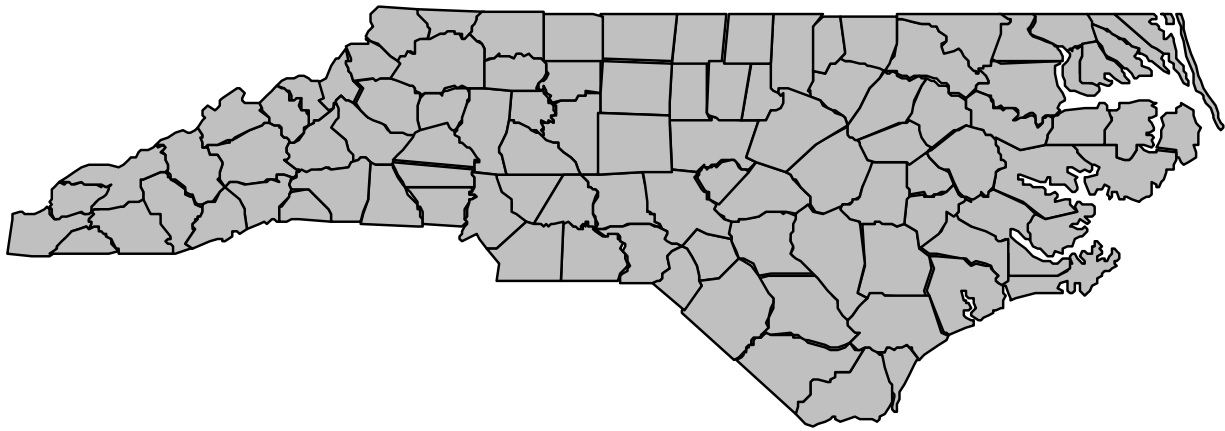


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2010 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Fourth Quarter Report
April 1, 2010 - June 30, 2010**



Prepared by

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Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

August 2010



SFY 2010 Performance Contract
Report/Data Submission Requirements
Fourth Quarter Report
Table of Contents

	<u>Page</u>
Introduction	1
Report Schedule	2
Summary of LME Performance	3
 Report/Data Submission Requirements	
Quarterly Reports	
1. Incident Reporting	4
2. Quarterly Fiscal Monitoring Reports	5
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	6
4. Work First Initiative Quarterly Reports	7
5. System of Care Report	8
6. Client Data Warehouse (CDW) - Screening Records	9
7. Client Data Warehouse (CDW) - Admissions	10
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	11
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	12
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	13
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	14
12. Client Data Warehouse (CDW) - Drug of Choice	15
13. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients)	16
14. NC Treatment Outcomes and Program Performance System (Initial).....	17
15. NC Treatment Outcomes and Program Performance System (Update).....	18
16. NC Support Needs Assessment Profile (NC-SNAP)	19
 Semi-Annual Reports	
17. SAPTBG Compliance Report	20
 Annual Reports	
18. National Core Indicators (NCI) Consents and Pre-Surveys	21

Introduction

This is the **Fourth Quarter Report** for SFY 2009-2010 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 91% of the six report submission requirements and 86% of the nine submission/report requirements measured this quarter.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

SFY 2010 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1. Incident Reporting	X	X	X	X
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. System of Care Report	X	X	X	X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

SFY 2010 Performance Contract Report/Data Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

LME	Report Submission Measures									Data Submission Measures												
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTIG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP	
Alamance-Caswell	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	This measure is under revision and the results were not reported this quarter.			★
Albemarle	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Beacon Center	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
CenterPoint	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Crossroads	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Cumberland	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Durham	5	6	83%	★		★	★	★	★	8	89%	★	★	★	★	★	★	★				★
East Carolina Behavioral Health	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Eastpointe	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Five County	4	6	67%	★		★		★	★	8	89%	★	★	★	★	★	★	★				★
Guilford	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Johnston	5	5	100%	★	N/A	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Mecklenburg	3	6	50%			★	★	★		8	89%	★	★	★	★	★	★	★				★
Mental Health Partners	5	5	100%	★	N/A	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Onslow-Carteret	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★
Orange-Person-Chatham	5	6	83%	★	□	★	★	★	★	5	56%	★	★	★		★						★
Pathways	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★			★	
Piedmont	5	6	83%	★		★	★	★	★	7	88%	★	★	★	★	★	★	★			N/A	
Sandhills Center	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★			★	
Smoky Mountain	4	6	67%	★	★	★		★		8	89%	★	★	★	★	★	★	★			★	
Southeastern Center	6	6	100%	★	★	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	
Southeastern Regional	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★			★	
Wake	5	6	83%	★	★	★		★	★	5	56%	★	★	★		★	★					
Western Highlands	4	6	67%	★		★		★	★	8	89%	★	★	★	★	★	★	★			★	
STATEWIDE - Number			91%	23	16	24	20	24	22		86%	24	24	24	22	23	24	22	0	1	22	
STATEWIDE - Percent				95.8%	72.7%	100.0%	83.3%	100.0%	91.7%			100.0%	100.0%	100.0%	91.7%	95.8%	100.0%	91.7%	0.0%	4.2%	91.7%	

* This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.

★ Indicates the LME met the performance standard for the measure.

% Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions and single stream funding eligibility.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

1. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

SFY 2010 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	4th Qtr Report Due 7/20/10		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell	7/19/10	All 5	★
Albemarle	7/19/10	All 5	★
Beacon Center	7/20/10	All 5	★
CenterPoint	7/19/10	All 5	★
Crossroads	7/20/10	All 5	★
Cumberland	7/20/10	All 5	★
Durham	7/20/10	All 5	★
East Carolina Behavioral Health	7/19/10	All 5	★
Eastpointe	7/20/10	All 5	★
Five County	7/16/10	All 5	★
Guilford	7/19/10	All 5	★
Johnston	7/20/10	All 5	★
Mecklenburg	No	<5	
Mental Health Partners	7/19/10	All 5	★
Onslow-Carteret	7/19/10	All 5	★
Orange-Person-Chatham	7/20/10	All 5	★
Pathways	7/20/10	All 5	★
Piedmont	7/20/10	All 5	★
Sandhills Center	7/20/10	All 5	★
Smoky Mountain	7/19/10	All 5	★
Southeastern Center	7/20/10	All 5	★
Southeastern Regional	7/20/10	All 5	★
Wake	7/16/10	All 5	★
Western Highlands	7/20/10	All 5	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Cells that are shaded red indicate reports that are not received by the due date or do not meet requirements. Date received does not affect whether the performance standard is met.
2. ★ = Met the Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	4th Qtr Report Due 7/20/10						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell			7/7/10	Yes			★
Albemarle			7/12/10	Yes	7/12/10	Yes	★
Beacon Center			7/2/10	Yes			★
CenterPoint	7/9/10	Yes	7/9/10	Yes			★
Crossroads			7/2/10	Yes			★
Cumberland	7/7/10	Yes	7/7/10	Yes			★
Durham	No	No	7/20/10	Yes			
East Carolina Behavioral Health	7/7/10	Yes	7/7/10	Yes	7/5/10	Yes	★
Eastpointe			7/8/10	Yes	7/8/10	Yes	★
Five County			7/29/10	No			
Guilford	7/10/10	Yes	7/10/10	Yes			★
Mecklenburg	7/2/10	Yes					★
Onslow-Carteret			7/7/10	Yes			★
Orange-Person-Chatham			7/7/10	Yes			★
Pathways	7/2/10	Yes					★
Piedmont			7/13/10	No			
Sandhills Center	7/12/10	Yes	7/12/10	Yes			★
Smoky Mountain					7/9/10	Yes	★
Southeastern Center	7/9/10	Yes	7/9/10	Yes			★
Southeastern Regional			7/7/10	Yes	7/7/10	Yes	★
Wake	7/9/10	Yes	7/9/10	Yes			★
Western Highlands	7/9/10	No	7/9/10	No			
Mental Health Partners	These LMEs do not have a SA/JJ Initiative.						
Johnston							

Number of Percent of LMEs that Met the SFY2010 Standard:

18 (81.8%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

Italicized dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

4. Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	4th Qtr Report Due 7/20/10		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	7/16/10	Yes	★
Albemarle	7/20/10	Yes	★
Beacon Center	7/7/10	Yes	★
CenterPoint	7/20/10	Yes	★
Crossroads	7/12/10	Yes	★
Cumberland	7/14/10	Yes	★
Durham	7/20/10	Yes	★
East Carolina Behavioral Health	7/20/10	Yes	★
Eastpointe	7/13/10	Yes	★
Five County	7/20/10	Yes	★
Guilford	7/14/10	Yes	★
Johnston	7/20/10	Yes	★
Mecklenburg	7/14/10	Yes	★
Mental Health Partners	7/14/10	Yes	★
Onslow-Carteret	7/15/10	Yes	★
Orange-Person-Chatham	7/15/10	Yes	★
Pathways	7/19/10	Yes	★
Piedmont	7/6/10	Yes	★
Sandhills Center	7/23/10	Yes	★
Smoky Mountain	7/20/10	Yes	★
Southeastern Center	7/15/10	Yes	★
Southeastern Regional	7/20/10	Yes	★
Wake	7/15/10	Yes	★
Western Highlands	7/19/10	Yes	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

5. System of Care

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	4th Qtr Report Due 7/15/10		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell	7/8/10	Yes	★
Albemarle	7/15/10	Yes	★
Beacon Center	7/15/10	Yes	★
CenterPoint	7/14/10	Yes	★
Crossroads	7/15/10	Yes	★
Cumberland	7/15/10	Yes	★
Durham	7/12/10	Yes	★
East Carolina Behavioral Health	7/15/10	Yes	★
Eastpointe	7/12/10	Yes	★
Five County	No	No	
Guilford	7/1/10	Yes	★
Johnston	7/9/10	Yes	★
Mecklenburg	7/12/10	Yes	★
Mental Health Partners	7/15/10	Yes	★
Onslow-Carteret	7/14/10	Yes	★
Orange-Person-Chatham	6/30/10	Yes	★
Pathways	7/15/10	Yes	★
Piedmont	7/1/10	Yes	★
Sandhills Center	7/15/10	Yes	★
Smoky Mountain	No	No	
Southeastern Center	7/13/10	Yes	★
Southeastern Regional	7/21/10	Yes	★
Wake	8/27/10	Yes	
Western Highlands	No	No	

Number and Percent of LMEs that met the SFY 2010 Standard:

20 (83.3%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**6. Client Data Warehouse (CDW)
Screening Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (January 1, 2010 - March 31, 2010) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2010 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	793	23	770	97%	★
Albemarle	837	80	757	90%	★
Beacon Center	1,519	20	1,499	99%	★
CenterPoint	3,303	0	3,303	100%	★
Crossroads	1,993	0	1,993	100%	★
Cumberland	1,685	0	1,685	100%	★
Durham	1,263	0	1,263	100%	★
East Carolina Behavioral Health	1,552	24	1,528	98%	★
Eastpointe	1,759	0	1,759	100%	★
Five County	582	3	579	99%	★
Guilford	2,371	0	2,371	100%	★
Johnston	347	0	347	100%	★
Mecklenburg	1,027	0	1,027	100%	★
Mental Health Partners	1,828	5	1,823	100%	★
Onslow-Carteret	700	16	684	98%	★
Orange-Person-Chatham	776	16	760	98%	★
Pathways	1,594	0	1,594	100%	★
Piedmont	139	3	136	98%	★
Sandhills Center	2,082	0	2,082	100%	★
Smoky Mountain	2,382	0	2,382	100%	★
Southeastern Center	2,604	1	2,603	100%	★
Southeastern Regional	2,072	0	2,072	100%	★
Wake	1,806	7	1,799	100%	★
Western Highlands	2,750	0	2,750	100%	★
TOTAL	37,764	198	37,566	99%	★

Number and Percent of LMEs that met the SFY 2010 Performance Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**7. Client Data Warehouse (CDW)
Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2010.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2010	Fourth Quarter Adm SFY2009	Monthly Average SFY2010	Monthly Average SFY2009
Alamance-Caswell	23051	223	157	145	525	625	175	208
Albemarle	43121	116	110	41	267	317	89	106
Beacon Center	43051	169	147	41	357	476	119	159
CenterPoint	23021	582	560	505	1,647	1,271	549	424
CrossRoads	23011	213	168	145	526	659	175	220
Cumberland	33051	280	253	210	743	627	248	209
Durham	23071	247	222	229	698	871	233	290
East Carolina Behavioral Health	43071	363	422	214	999	928	333	309
Eastpointe	43081	220	243	233	696	328	232	109
Five County	23081	232	180	236	648	365	216	122
Guilford	23041	386	361	343	1,090	1,165	363	388
Johnston	33071	109	140	102	351	389	117	130
Mecklenburg	13102	380	353	289	1,022	1,767	341	589
Mental Health Partners	13091	213	143	108	464	457	155	152
Onslow-Carteret	43021	141	47	53	241	455	80	152
Orange-Person-Chatham	23061	104	80	91	275	184	92	61
Pathways	13081	305	315	178	798	982	266	327
Piedmont	13121	175	166	64	405	1,345	135	448
Sandhills	33031	586	565	404	1,555	1,392	518	464
Smoky Mountain	13010	640	524	391	1,555	703	518	234
Southeastern Center	43011	323	297	250	870	461	290	154
Southerastern Regional	33041	335	285	175	795	799	265	266
Wake	33081	489	335	324	1,148	1,140	383	380
Western Highlands	13131	834	772	787	2,393	1,680	798	560
TOTAL ADMISSIONS		7,665	6,845	5,558	20,068	19,386	6,689	6,462

Data that are shaded are incomplete or appear to be inaccurate.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

8. Client Data Warehouse (CDW) Diagnosis Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2010 - March 31, 2010) with a diagnosis completed within 30 days of beginning date of service.

SFY 2010 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	590	0	590	100%	★
Albemarle	363	2	361	99%	★
Beacon Center	559	1	558	100%	★
CenterPoint	1,540	0	1,540	100%	★
Crossroads	605	6	599	99%	★
Cumberland	764	4	760	99%	★
Durham	744	0	744	100%	★
East Carolina Behavioral Health	1,281	8	1,273	99%	★
Eastpointe	698	6	692	99%	★
Five County	860	6	854	99%	★
Guilford	1,205	15	1,190	99%	★
Johnston	409	1	408	100%	★
Mecklenburg	1,160	3	1,157	100%	★
Mental Health Partners	727	20	707	97%	★
Onslow-Carteret	488	9	479	98%	★
Orange-Person-Chatham	317	15	302	95%	★
Pathways	781	4	777	99%	★
Piedmont	753	49	704	93%	★
Sandhills Center	1,796	0	1,796	100%	★
Smoky Mountain	1,934	0	1,934	100%	★
Southeastern Center	954	30	924	97%	★
Southeastern Regional	942	0	942	100%	★
Wake	1,505	24	1,481	98%	★
Western Highlands	2,265	1	2,264	100%	★
TOTAL	23,240	204	23,036	99%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

9. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Admissions)

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2010 - March 31, 2010) where all mandatory data fields contain a value other than 'unknown'.

SFY 2010 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Standard Met ²
Alamance-Caswell	590	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	363	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	559	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,540	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	605	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	764	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Durham	744	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,281	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	698	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	860	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,205	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	409	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,160	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	727	100%	95%	100%	100%	100%	100%	97%	100%	100%	100%	100%	★
Onslow-Carteret	488	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	317	100%	99%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Pathways	781	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	753	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,796	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,934	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	954	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	942	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,505	100%	100%	100%	100%	96%	100%	94%	100%	100%	100%	100%	★
Western Highlands	2,265	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	23,240	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**10. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Discharges)**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients discharged during the prior quarter (January 1, 2010 - March 31, 2010) where all mandatory data fields contain a value other than 'unknown'.

SFY 2010 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Standard Met ²
Alamance-Caswell	965	100%	100%	100%	100%	100%	★
Albemarle	35	100%	100%	100%	100%	100%	★
Beacon Center	619	100%	100%	100%	100%	100%	★
CenterPoint	879	100%	100%	100%	100%	100%	★
Crossroads	507	100%	100%	100%	100%	100%	★
Cumberland	798	96%	100%	100%	98%	100%	★
Durham	502	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	335	100%	100%	100%	100%	100%	★
Eastpointe	1,623	100%	100%	100%	100%	100%	★
Five County	527	100%	100%	100%	100%	100%	★
Guilford	882	100%	100%	100%	100%	100%	★
Johnston	454	100%	100%	100%	100%	100%	★
Mecklenburg	85	100%	100%	100%	100%	100%	★
Mental Health Partners	308	100%	100%	100%	100%	100%	★
Onslow-Carteret	508	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	99	10%	11%	11%	11%	11%	
Pathways	1,037	100%	100%	100%	100%	99%	★
Piedmont	159	100%	100%	100%	100%	100%	★
Sandhills Center	291	100%	100%	100%	100%	100%	★
Smoky Mountain	361	100%	100%	100%	100%	100%	★
Southeastern Center	536	100%	100%	100%	100%	100%	★
Southeastern Regional	1,376	100%	100%	100%	100%	100%	★
Wake	0	0%	0%	0%	0%	0%	
Western Highlands	1,987	100%	100%	100%	100%	100%	★
TOTAL	14,873	99%	99%	99%	99%	99%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

22 (91.7%)

Notes:

- Percentages less than 90% are shaded red.
- ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

11. Client Data Warehouse (CDW) Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2010 - March 31, 2010) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2010 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	1,268	18	1,250	99%	★
Albemarle	660	46	614	93%	★
Beacon Center	998	31	967	97%	★
CenterPoint	2,364	13	2,351	99%	★
Crossroads	850	22	828	97%	★
Cumberland	519	1	518	100%	★
Durham	1,288	0	1,288	100%	★
East Carolina Behavioral Health	2,521	34	2,487	99%	★
Eastpointe	1,465	135	1,330	91%	★
Five County	1,080	101	979	91%	★
Guilford	2,699	4	2,695	100%	★
Johnston	1,108	1	1,107	100%	★
Mecklenburg	2,291	1	2,290	100%	★
Mental Health Partners	1,901	142	1,759	93%	★
Onslow-Carteret	1,139	0	1,139	100%	★
Orange-Person-Chatham	1,070	494	576	54%	
Pathways	1,721	27	1,694	98%	★
Piedmont	2,793	280	2,513	90%	★
Sandhills Center	3,065	1	3,064	100%	★
Smoky Mountain	3,963	13	3,950	100%	★
Southeastern Center	1,557	2	1,555	100%	★
Southeastern Regional	720	27	693	96%	★
Wake	1,861	37	1,824	98%	★
Western Highlands	2,858	11	2,847	100%	★
TOTAL	41,759	1,441	40,318	97%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**12. Client Data Warehouse (CDW)
Drug Of Choice Data**

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASHOM, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2010 - March 31, 2010) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2010 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell	212	0	212	100%	★
Albemarle	64	0	64	100%	★
Beacon Center	137	2	135	99%	★
CenterPoint	786	4	782	99%	★
Crossroads	305	1	304	100%	★
Cumberland	197	1	196	99%	★
Durham	413	0	413	100%	★
East Carolina Behavioral Health	1,004	6	998	99%	★
Eastpointe	329	14	315	96%	★
Five County	174	2	172	99%	★
Guilford	736	1	735	100%	★
Johnston	130	0	130	100%	★
Mecklenburg	1,085	2	1,083	100%	★
Mental Health Partners	180	2	178	99%	★
Onslow-Carteret	116	6	110	95%	★
Orange-Person-Chatham	158	11	147	93%	★
Pathways	437	8	429	98%	★
Piedmont	518	11	507	98%	★
Sandhills Center	606	0	606	100%	★
Smoky Mountain	838	15	823	98%	★
Southeastern Center	570	3	567	99%	★
Southeastern Regional	157	1	156	99%	★
Wake	420	19	401	95%	★
Western Highlands	854	1	853	100%	★
TOTAL	10,426	110	10,316	99%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**13. Client Data Warehouse (CDW)
Episode Completion (Discharge) Record - Substance Abuse Clients**

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (January 1, 2010 - March 31, 2010) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2010 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met ²
Alamance-Caswell	210	6	204	97%	★
Albemarle	46	3	43	93%	★
Beacon Center	228	3	225	99%	★
CenterPoint	434	7	427	98%	★
Crossroads	136	3	133	98%	★
Cumberland	89	5	84	94%	★
Durham	126	1	125	99%	★
East Carolina Behavioral Health	542	16	526	97%	★
Eastpointe	147	12	135	92%	★
Five County	112	10	102	91%	★
Guilford	282	4	278	99%	★
Johnston	42	0	42	100%	★
Mecklenburg	297	7	290	98%	★
Mental Health Partners	153	3	150	98%	★
Onslow-Carteret	40	1	39	98%	★
Orange-Person-Chatham	88	46	42	48%	
Pathways	353	1	352	100%	★
Piedmont	212	5	207	98%	★
Sandhills Center	491	1	490	100%	★
Smoky Mountain	378	0	378	100%	★
Southeastern Center	248	2	246	99%	★
Southeastern Regional	133	2	131	98%	★
Wake	100	51	49	49%	
Western Highlands	507	33	474	93%	★
TOTAL	5,394	222	5,172	96%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.

4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2010 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell						
Albemarle						
Beacon Center						
CenterPoint						
Crossroads						
Cumberland						
Durham	Report is under revision.					
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Piedmont						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

The timeliness criterion was not used to determine whether the performance standard was met this quarter

Number and Percent of LMEs that met the SFY 2010 Standard:

0 (0%)

Notes:

- Percentages less than 90% are shaded red.
- ★ = Met the Performance Contract Standard.
- The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2010 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell	173	139	80.3%	85	49.1%	
Albemarle	215	209	97.2%	167	77.7%	
Beacon Center	389	381	97.9%	233	59.9%	
CenterPoint	610	592	97.0%	465	76.2%	
Crossroads	269	260	96.7%	131	48.7%	
Cumberland	436	431	98.9%	304	69.7%	
Durham	833	831	99.8%	654	78.5%	
East Carolina Behavioral Health	584	571	97.8%	445	76.2%	
Eastpointe	645	643	99.7%	544	84.3%	
Five County	329	328	99.7%	261	79.3%	
Guilford	654	577	88.2%	365	55.8%	
Johnston	74	65	87.8%	50	67.6%	
Mecklenburg	1,418	1,353	95.4%	1,033	72.8%	
Mental Health Partners	313	313	100.0%	276	88.2%	
Onslow-Carteret	164	162	98.8%	125	76.2%	
Orange-Person-Chatham	259	259	100.0%	216	83.4%	
Pathways	684	683	99.9%	527	77.0%	
Piedmont	562	554	98.6%	409	72.8%	
Sandhills Center	842	799	94.9%	482	57.2%	
Smoky Mountain	886	880	99.3%	603	68.1%	
Southeastern Center	432	432	100.0%	415	96.1%	★
Southeastern Regional	719	711	98.9%	531	73.9%	
Wake	697	670	96.1%	434	62.3%	
Western Highlands	733	564	76.9%	342	46.7%	
Totals	12,920	12,407	96.0%	9,097	70.4%	

Number and Percent of LMEs that met the SFY 2010 Standard:

1 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

16. NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2010 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell	451	449	99.6%	★
Albemarle	955	919	96.2%	★
Beacon Center	858	858	100.0%	★
CenterPoint	1,545	1,545	100.0%	★
Crossroads	667	665	99.7%	★
Cumberland	735	735	100.0%	★
Durham	794	742	93.5%	★
East Carolina Behavioral Health	955	919	96.2%	★
Eastpointe	955	931	97.5%	★
Five County	657	656	99.8%	★
Guilford	1,216	1,216	100.0%	★
Johnston	357	353	98.9%	★
Mecklenburg	672	667	99.3%	★
Mental Health Partners	2,087	2,086	100.0%	★
Onslow-Carteret	420	414	98.6%	★
Orange-Person-Chatham	731	724	99.0%	★
Pathways	1,549	1,534	99.0%	★
Piedmont	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1,058	1,058	100.0%	★
Smoky Mountain	1,304	1,304	100.0%	★
Southeastern Center	1,213	1,213	100.0%	★
Southeastern Regional	869	867	99.8%	★
Wake	2,064	1,790	86.7%	
Western Highlands	1,857	1,852	99.7%	★
Totals	23,969	23,497	98.0%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

22 (95.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

17. SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2010 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	End Of Year Report (Due 7/20/10)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	7/20/10	Yes	Yes	★
Albemarle	7/20/10	Yes	Yes	★
Beacon Center	7/16/10	Yes	Yes	★
CenterPoint	7/19/10	Yes	Yes	★
Crossroads	7/14/10	Yes	Yes	★
Cumberland	7/15/10	Yes	Yes	★
Durham	7/20/10	Yes	Yes	★
East Carolina Behavioral Health	7/19/10	Yes	Yes	★
Eastpointe	7/16/10	Yes	Yes	★
Five County	7/20/10	Yes	Yes	★
Guilford	7/20/10	Yes	Yes	★
Johnston	7/14/10	Yes	Yes	★
Mecklenburg	7/20/10	Yes	Yes	★
Mental Health Partners	7/19/10	Yes	Yes	★
Onslow-Carteret	7/14/10	Yes	Yes	★
Orange-Person-Chatham	7/14/10	Yes	Yes	★
Pathways	7/20/10	Yes	Yes	★
Piedmont	7/14/10	Yes	Yes	★
Sandhills Center	7/16/10	Yes	Yes	★
Smoky Mountain	7/15/10	Yes	Yes	★
Southeastern Center	7/20/10	Yes	Yes	★
Southeastern Regional	7/19/10	Yes	Yes	★
Wake	7/20/10	Yes	Yes	★
Western Highlands	7/19/10	Yes	Yes	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.

Dates that are highlighted yellow indicate reports received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2010 - June 30, 2010

18. National Core Indicators (NCI) Consents And Pre-Surveys

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

SFY 2010 Standard: 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

Local Management Entity	Timeliness of Submission		Completeness (# Forms Received / # Expected)			Standard Met ²
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete ¹	
Alamance-Caswell	Received On-Time	Received On-Time	42	40	105.0%	★
Albemarle	Received On-Time	Received On-Time	44	40	110.0%	★
Beacon Center	Received On-Time	Received On-Time	43	40	107.5%	★
CenterPoint	Received On-Time	Received On-Time	33	40	82.5%	★
Crossroads	Received On-Time	Received On-Time	41	40	102.5%	★
Cumberland	Received On-Time	Received On-Time	43	40	107.5%	★
Durham	Received On-Time	Received On-Time	41	40	102.5%	★
East Carolina Behavioral Health	Received On-Time	Received On-Time	43	40	107.5%	★
Eastpointe	Received On-Time	Received On-Time	44	40	110.0%	★
Five County	Received On-Time	Received On-Time	49	40	122.5%	★
Guilford	Received On-Time	Received On-Time	40	40	100.0%	★
Johnston	Received On-Time	Received On-Time	40	40	100.0%	★
Mecklenburg	Received On-Time	Received On-Time	28	40	70.0%	
Mental Health Partners	Received On-Time	Received On-Time	40	40	100.0%	★
Onslow-Carteret	Received On-Time	Received On-Time	41	40	102.5%	★
Orange-Person-Chatham	Received On-Time	Received On-Time	40	40	100.0%	★
Pathways	Received On-Time	Received On-Time	37	40	92.5%	★
Piedmont	Received On-Time	Received On-Time	31	40	77.5%	★
Sandhills Center	Received On-Time	Received On-Time	50	40	125.0%	★
Smoky Mountain	Received On-Time	Received On-Time	28	40	70.0%	
Southeastern Center	Received On-Time	Received On-Time	45	40	112.5%	★
Southeastern Regional	Received On-Time	Received On-Time	39	40	97.5%	★
Wake	Received On-Time	Received On-Time	40	40	100.0%	★
Western Highlands	Received On-Time	Received On-Time	39	40	97.5%	★
Totals			961	960	100.1%	

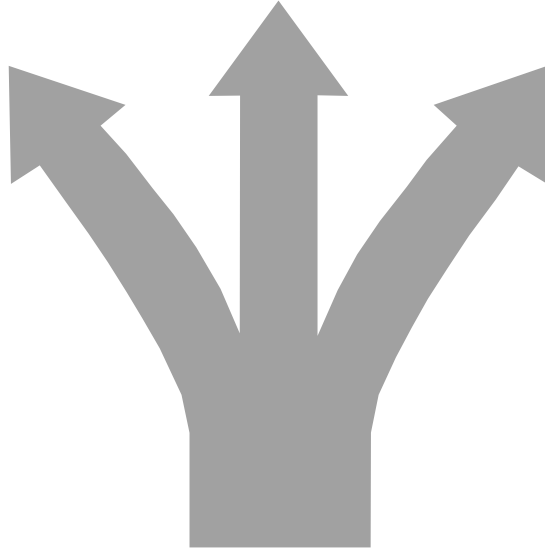
Number and Percent of LMEs that met the SFY 2010 Standard:

22 (91.7%)

Notes:

1. Percentages less than 75% are shaded red.

2. ★ = Met the Performance Contract Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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